

FOR THE YEAR ENDED 2020

(Company Name)

Schedule 202. ACCUMULATED DEPRECIATION OF UTILITY PLANT-IN-SERVICE
Account No. 108.1

Report below an analysis of the changes in accumulated depreciation during the year for each plant category.

Line No.	Account Numbers and Depreciated Property Item (a)	Previous Year-End Balance (b)	Credits		Debits		Current Year-End Balance (g)
			Depreciation Expense (c)	Salvage and Other Credits (d)	Plant Retired (e)	Cost of Removal and Other Debits (f)	
1	354 Structures and Improvements						
2	355 Power Generation Equipment						
3	360 Collection Sewers - Force						
4	361 Collection Sewers - Gravity	6,850					6,850
5	362 Special Collecting Structures						
6	363 Services to Customers						
7	364 Flow Measuring Devices						
8	365 Flow Measuring Installations						
9	370 Receiving Wells						
10	380 Treatment and Disposal Equipment	17,900					17,900
11	381 Plant Sewers						
12	382 Outfall Sewer Lines						
13	389 Other Plant and Misc. Equipment						
14	390 Office Furniture and Equipment						
15	391 Transportation Equipment	6,750					6,750
16	393 Tools, Shop and Garage Equipment						
17	395 Power Operated Equipment						
18	398 Other Tangible Plant						
19	TOTAL ACCUMULATED DEPRECIATION OF UTILITY PLANT-IN-SERVICE	30,000					30,000

Schedule 203. UTILITY PLANT ACQUISITION ADJUSTMENT
Account Nos. 114 and 115

Line No.	Description (a)	Amount (b)
1	Net Plant Book Value	
2	Less: Net Contributions	
3	Total Net Utility Plant Acquired	
4	Less: Purchase Price	
5	Total Utility Plant Acquisition Adjustment (Account No. 114)	
6	Less: Accumulated Amortization of Utility Plant Acquisition (Account No. 115)	
7	TOTAL NET UTILITY PLANT ACQUISITION ADJUSTMENT	

Schedule 204. RETAINED EARNINGS
(For Corporations Only)
Account No. 215

Line No.	Account Number and Title (a)	Amount (b)
8	RETAINED EARNINGS	
9	Beginning of Year Balance	
10	Balance Transferred from Income (Schedule 300)	
11	Adjustments to Retained Earnings	
12	Dividends Declared	
13	215 TOTAL UNAPPROPRIATED RETAINED EARNINGS	
14	TOTAL RETAINED EARNINGS	

Notes:

[illegible]

FOR THE YEAR ENDED 2020

(Company Name)

Schedule 205. LONG-TERM DEBT - Account No. 224
(Excluding Advances from Associated Companies)

Give below the particulars indicated of the long-term debt at end of year represented by unmatured obligations issued or assumed by the Company and group entries according to accounts and show the total for each account.

Line No.	Class and Series of Obligations (a)	Date of Issue (b)	Date of Maturity (c)	Principal Amount Authorized (d)	Outstanding Per Balance Sheet (e)	Interest For Year	
						% Rate (f)	Amount (g)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31	TOTAL LONG-TERM DEBT						

FOR THE YEAR ENDED 2020

(Company Name)

Schedule 206. CONTRIBUTIONS IN AID OF CONSTRUCTION (CIAC)
Account No. 271

Line No.	Description (a)	Amount (b)
1	Beginning of Year Balance	
2	Credits Added During the Year:	
3	Contributions Received from Capacity, Main Extensions, and Customer Connection Charges	
4	Contributions Received from Developer or Contract Agreements in cash or property	
5	Total Credits	
6	Less: Debits Charged During the Year	
7	TOTAL CONTRIBUTIONS IN AID OF CONSTRUCTION	

Schedule 207. ACCUMULATED AMORTIZATION OF CIAC
Account No. 272

Line No.	Description (a)	Amount (b)
8	Beginning of Year Balance	
9	Debits Charged During the Year: Accruals Charged to Account 272	
10	Other Debits Charged During the Year (specify):	
11		
12		
13		
14	Total Debits	
15	Credits Added During the Year (specify):	
16		
17		
18		
19	Total Credits	
20	TOTAL ACCUMULATED AMORTIZATION OF CIAC	
21	TOTAL NET CONTRIBUTIONS IN AID OF CONSTRUCTION	

FOR THE YEAR ENDED 2020

(Company Name)

Schedule 300. INCOME STATEMENT REVENUES AND EXPENSES

Line No.	Account Number and Title (a)	Current Year-End Balance (b)
1	UTILITY OPERATING INCOME	
2	400 Total Utility Operating Revenues (Schedule 301)	92,400
3	UTILITY OPERATING EXPENSES	
4	401 Operating Expenses (Schedule 302)	95,500
5	403 Depreciation Expenses (Schedule 303)	
6	406 Amortization of Utility Plant Acquisition Adjustments	
7	407 Amortization Expense - Other	
8	408.10 Utility Regulatory Assessment Fees	2,200
9	408.11 Property Taxes	1,300
10	408.12 Payroll Taxes	
11	408.13 Other Taxes and Licenses	
12	409.10 Federal Income Taxes, Utility Operating Income	
13	409.11 State Income Taxes, Utility Operating Income	
14	410.10 Deferred Federal Income Taxes	
15	410.11 Deferred State Income Taxes	
16	411.10 Provision for Deferred Income Taxes - Credit, Utility Operating Income	
17	412.10 Investment Tax Credits Deferred to Future Periods, Utility Operations	
18	412.11 Investment Tax Credits, Restored to Operating Income, Utility Operations	
19	Total Utility Operating Expenses	99,000
20	TOTAL NET UTILITY OPERATING INCOME (LOSS)	(6,600)
21	OTHER INCOME AND DEDUCTIONS	
22	419 Interest and Dividend Income	
23	420 Allowance for Funds Used During Construction (AFUDC)	
24	421 Non-Utility Income	
25	426 Miscellaneous Non-Utility Expenses	
26	TOTAL OTHER INCOME AND DEDUCTIONS	
27	TAXES APPLICABLE TO OTHER INCOME AND DEDUCTIONS	
28	408.20 Taxes Other Than Income, Other Income and Deductions	
29	409.20 Income Taxes, Other Income and Deductions	
30	410.20 Provision for Deferred Income Taxes, Other Income and Deductions	
31	411.20 Provisions for Deferred Income Taxes, Credit, Other Income and Deductions	
32	412.20 Investment Tax Credits, Net, Non-Utility Operations	
33	412.30 Investment Tax Credits Restored to Non-Operating Income, Utility Operations	
34	TOTAL TAXES APPLICABLE TO OTHER INCOME AND DEDUC.	
35	INTEREST EXPENSE	
36	427.1 Interest on Debt to Associated Companies	
37	427.2 Interest on Short-Term Debt	
38	427.3 Interest on Long-Term Debt	
39	427.4 Interest on Customer Deposits	
40	427.5 Interest - Other	
41	TOTAL INTEREST EXPENSE	
42	NET INCOME (LOSS)	(6,600)

FOR THE YEAR ENDED 2020

(Company Name)

SCHEDULE 301. OPERATING REVENUES
Account No. 400

Line No.	Account Number and Title (a)	Current Year-End Balance (b)
1	WASTEWATER SALES REVENUE	
2	521 Flat Rate Revenues - General Customers	
3	521.1 Residential	92,400
4	521.2 Commercial	
5	521.3 Industrial	
6	521.4 Public Authorities	
7	521.5 Multiple Family Dwelling Revenues	
8	521.6 Other Revenues (Availability)	
9	Total Flat Rate (Unmetered) Revenues	
10	522 Measured Revenues - General Customers	
11	522.1 Residential	
12	522.2 Commercial	
13	522.3 Industrial	
14	522.4 Public Authorities	
15	522.5 Multiple Family Dwellings Revenues	
16	Total Measured Revenues	
17	524 Revenues from Other Systems	
18	TOTAL WASTEWATER SALES REVENUE	
19	OTHER WASTEWATER REVENUES	
20	530 Guaranteed Revenues	
21	536 Other Wastewater Revenues	
22	TOTAL OTHER WASTEWATER REVENUES	
23	400 TOTAL OPERATING REVENUES	92,400

FOR THE YEAR ENDED 2020

(Company Name)

Schedule 302. OPERATING EXPENSES
OPERATION AND MAINTENANCE
Account No. 401

Line No.	Account Number and Title (a)	Current Year- End Balance (b)
1	OPERATION & MAINTENANCE EXPENSES	
2	701 Salaries and Wages - Employees	33,500
3	703 Salaries and Wages-Officers, Directors and Majority Stockholders	15,000
4	704 Employee Pensions and Benefits	
5	710 Purchased Wastewater Treatment	
6	711 Sludge Removal Expense	
7	715 Purchased Power	7,250
8	716 Fuel for Power Production	
9	718 Chemicals	
10	720 Materials and Supplies	6,500
11	730 Contractual Services - Billing	
12	731 Contractual Services - Professional	
13	735 Contractual Services - Testing	3,000
14	736 Contractual Services - Other	17,500
15	740 Rents	
16	750 Transportation Expenses	
17	755 Insurance Expense	8,000
18	765 Regulatory Commission Expense - Other	
19	770 Bad Debt Expense	
20	775 Miscellaneous Expenses	4,750
21	TOTAL OPERATION & MAINTENANCE EXPENSES	95,500

FOR THE YEAR ENDED 2020

(Company Name)

**Schedule 303. BASIS FOR DEPRECIATION CHARGES BY
PRIMARY ACCOUNTS
Account No. 403**

Line No.	Account Numbers & Description of Property (a)	Original Cost (b)	Approved Depreciation Rates * (c)	Annual Depreciation (d)
1	354 Structures and Improvements			
2	355 Power Generation Equipment			
3	360 Collection Sewers - Force			
4	361 Collection Sewers - Gravity			
5	362 Special Collecting Structures			
6	363 Services to Customers			
7	364 Flow Measuring Devices			
8	365 Flow Measuring Installations			
9	370 Receiving Wells			
10	380 Treatment and Disposal Equipment			
11	381 Plant Sewers			
12	382 Outfall Sewer Lines			
13	389 Other Plant and Misc. Equipment			
14	390 Office Furniture and Equipment			
15	391 Transportation Equipment			
16	393 Tools, Shop and Garage Equipment			
17	395 Power Operated Equipment			
18	398 Other Tangible Plant			
19	TOTALS			

* Use Straight-line depreciation rates as approved by the Commission.
Do not use Tax Depreciation Rates.

DISCHARGE MONITORING REPORT (DMR)

Facility Name: LAKE WYLIE MHP UTILITIES LLC
 Permittee Name: LAKE WYLIE MHP UTILITIES LLC

Permit Number: SC0037605 v4.1
 DMR Period: 3/1/2021 - 3/31/2021

Limit Set: 0011

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	No Discharge	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		FREQUENCY OF ANALYSIS	SAMPLE TYPE
Dissolved Oxygen (00100)	SAMPLE MEASUREMENT	.....	.....		1.5	.....	.....		0	Daily	Grab
Effluent Gross (1)	PERMIT REQUIREMENT	.....	.....		5.0 Minimum	.....	.....	mg/L		Daily	Grab
Lab ID: 29101											
BOD - 5 DAY (20 DEGREES C) (00110)	SAMPLE MEASUREMENT	0.99	1.78		.....	1.9	3.8		0	1X Monthly	24-Hr Composite
Effluent Gross (1)	PERMIT REQUIREMENT	11 Monthly Average	22 Daily Maximum	lbs/day	.....	15 Monthly Average	30 Daily Maximum	mg/L		2X Monthly	24-Hr Composite
Lab ID: 32571											
pH (00400)	SAMPLE MEASUREMENT	.....	.....		5.6	.....	11.1		0	Daily	Grab
Effluent Gross (1)	PERMIT REQUIREMENT	.....	.....		6.0 Minimum	.....	8.5 Maximum	SU		Daily	Grab
Lab ID: 29101											
Total Suspended Solids (00530)	SAMPLE MEASUREMENT	4.1	4.51		.....	9.4	9.6			2X Monthly	24-Hr Composite
Effluent Gross (1)	PERMIT REQUIREMENT	160.23 Monthly Average	46 Daily Maximum	lbs/day	.....	30 Monthly Average	60 Daily Maximum	mg/l		2X Monthly	24-Hr Composite
Lab ID: 29101											
Ammonia Nitrogen (00610)	SAMPLE MEASUREMENT	0.1237	0.2462	lbs/day	.....	0.351	0.617	mg/L	1	2X Monthly	24-Hr Composite
Effluent Gross (1)											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

Permit Number: SC0037605 v4.1

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DISCHARGE MONITORING REPORT (DMR)

Facility Name: LAKE WYLIE MRF UTILITIES LLC
 Permittee Name: LAKE WYLIE MRF UTILITIES LLC

Permit Number: SC0037605 v4.1
 DMR Period: 2/1/2021 - 2/28/2021

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lab ID: 32571	PERMIT REQUIREMENT	4 Monthly Average	8 Daily Maximum		.....	4.85 Monthly Average	9.70 Daily Maximum			2X Monthly	24-Hr Composite
Flow (50050)	SAMPLE MEASUREMENT	0.0530	0.0741	MGD	.....	.....	.....		C	Daily	Continuous
Lab ID: 29101	PERMIT REQUIREMENT	4 Monthly Average	8 Daily Maximum		.....	.....	.....			Daily	Continuous
Total Residual Chlorine (50060)	SAMPLE MEASUREMENT	0	0	lbs/day	.....	0	0	mg/L	0	2X Monthly	Grab
Lab ID: 29101	PERMIT REQUIREMENT	0.02 Monthly Average	0.04 Daily Maximum		.....	0.031 Monthly Average	0.054 Daily Maximum			2X Monthly	Grab
E. COLI (MPN/100ML) (51040)	SAMPLE MEASUREMENT	.....	.....		.....	4.30	6.20	MPN/100ML	0	2X Monthly	Grab
See Comments (6)	PERMIT REQUIREMENT	.....	.....		.....	126 30 Day Average Geometric	349 Daily Maximum			2X Monthly	Grab
Lab ID: 32571	PERMIT REQUIREMENT	.....	.....		.....	.....	.....			2X Monthly	Grab
E. COLI (MPN/100ML) (51040)	SAMPLE MEASUREMENT	.....	.....		.....	.....	.....	MPN/100ML	0	2X Monthly	Grab
See Comments (7)	PERMIT REQUIREMENT	.....	.....		.....	126 30 Day Average Geometric	800 Daily Maximum			2X Monthly	Grab
Lab ID: 32571	PERMIT REQUIREMENT	.....	.....		.....	.....	.....			2X Monthly	Grab

DMR Instructions: Permit limits are based on an average design flow of 0.05 MGD MDC 0 & 1-See permit conditions. 'Conditional monitoring not required' under specific circumstances. Use of the conditional bacterial parameter requires concurrent submission of the 'Bacteria Supplemental Data Sheet'.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

Permit Number: SC0037605 v4.1

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DISCHARGE MONITORING REPORT (DMR)

Facility Name: LAKE WYLIE MHP UTILITIES LLC
 Permittee Name: LAKE WYLIE MHP UTILITIES LLC

Permit Number: SC0037605 v4.1
 DMR Period: 2/1/2021 - 2/26/2021

DMR Comments: Total Residual Chlorine ISM 4500 CL G-2011

- DMR Value Comments:
- E. COLI (MPN/100ML), See Comments (P), Limit: 176 30 Day Average Geometric, Reported Value: *9, Comment: Not Required
- E. COLI (MPN/100ML), See Comments (P), Limit: 800 Daily Maximum, Reported Value: *9, Comment: Not Required

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

Permit Number: SC0037605 v4.1

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☐ No Discharge

Enter an asterisk (*) in any field for a list of available Non-Report Reason Codes

Parameter	Quantity or Loading	Units
Dissolved Oxygen 00300 Effluent Gross (1) Lab ID Lab ID	Sample Measurement ****	7.3
29101	Permit Requirement ****	5.0 Minimum
BOD - 5 DAY (20 DEGREES C) 00310 Effluent Gross (1) Lab ID Lab ID	Sample Measurement 0.892 1.784	lbs/day
32571	Permit Requirement 11 Monthly Average 22 Daily Maximum	****
pH 00400 Effluent Gross (1) Lab ID Lab ID	Sample Measurement ****	6.6
29101	Permit Requirement ****	6.0 Minimum
Total Suspended Solids 00530 Effluent Gross (1) Lab ID Lab ID	Sample Measurement 4.1 4.51	lbs/day
29101	Permit Requirement 23 Monthly Average 46 Daily Maximum	****
Ammonia Nitrogen (as N) 00610 Effluent Gross (1) Lab ID Lab ID	Sample Measurement 0.1232 0.2463	lbs/day
32571	Permit Requirement 4 Monthly Average 8 Daily Maximum	****
Flow 50050 Effluent Gross (1) Lab ID Lab ID	Sample Measurement 0.0530 0.0791	MGD
29101	Permit Requirement (Report) Monthly Average (Report) Daily Maximum	****
Total Residual Chlorine 50060 Effluent Gross (1) Lab ID Lab ID	Sample Measurement 0 0	lbs/day
29101	Permit Requirement 0.02 Monthly Average 0.04 Daily Maximum	****
E. COLI (MPN/100ML) 51040 See Comments (O) Lab ID Lab ID	Sample Measurement ****	****
32571	Permit Requirement ****	****
E. COLI (MPN/100ML) 51040 See Comments (P) Lab ID Lab ID	Sample Measurement ****	****
32571	Permit Requirement ****	****

General Report Comments General Report Comments

Total Residual Chlorine (SM 4500 CL G-2011)

Special Instructions

Permit limits are based on an average design flow of 0.09 MGD M.L.O.C.O. & P=See permit conditions. 'Conditional monitoring not required' under specific circumstances. Use of the conditional bacterial parameter requires concurrent submission of the 'Bacteria Supplemental Data Sheet'.